

**California Healthy Kids Survey Questions 2017-2018
Customized Module for High School**

Gender & Sexuality Questions

- At the beginning of the survey, you were asked if you identify as male or female. Do either of these describe you?
A) Yes B) No C) I'm not sure
- Some students describe themselves as transgender when their sex assigned at birth does not match the way they think or feel about their gender. How do you describe yourself?
A) I am transgender B) I am not transgender C) I am Genderqueer D) I think of myself differently
- Which of the following best describes you?
A) Bisexual B) Gay or Lesbian C) Heterosexual D) I am not sure yet E) I think of myself differently

Safety and Violence Questions

- During the past 12 months, did you make a plan about how you would attempt suicide?
- During the past 12 months, how many times did you attempt suicide?
- If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

School Climate Questions

- Teachers help students catch up when they return from an absence.

Resilience and Youth Development Questions

- I help make decisions with my family.

Social Emotional Health Questions

- My family members really help and support one another.
- There is a feeling of togetherness in my family

Gender and Sex-based Harassment Questions

- My school is safe for: Guys who are not as “masculine” as other guys
- My school is safe for: Girls who are not as “feminine” as other girls.
- My school is safe for: Students who are lesbian, gay, bisexual, transgender, queer or questioning (LGBTQQ)
- My school is safe for: Students with LGBTQQ parents.
- If you wanted information and support from your school about sexual orientation, gender identity, or LGBTQQ issues, would you know where to go?

Sleep Questions

- On an average school night, how many hours of sleep do you get?
A) 4 or less hours, B) 5 hours, C) 6 hours, D) 7 hours, E) 8 hours, F) 9 hours, G) 10 or more hours



- Do you go to bed at the same time or near the same time every night? (within ~30 minutes)
A) Always, B) Almost always (5-6 days each week), C) Sometimes (3-4 days each week), D) Almost never (1-2 days each week), E) Never
- To what extent do you consider sleep difficulties to interfere with your daily functioning?
A) Not at all interfering, B) A little, C) Somewhat, D) Much, E) Very much interfering
- For each of the following statements, please indicate how well they describe your current semester. Sleep difficulties affected my school work.
A) Strongly disagree, B) Disagree, C) Mildly disagree, D) Mildly agree, E) Agree, F) Strongly agree
- For each of the following statements, please indicate how well they describe your current semester. I felt sleepy during the school day.
A) Strongly disagree, B) Disagree, C) Mildly disagree, D) Mildly agree, E) Agree, F) Strongly agree
- For each of the following statements, please indicate how well they describe your current semester. I had difficulty concentrating on things I did because I was sleepy or tired.
A) Strongly disagree, B) Disagree, C) Mildly disagree, D) Mildly agree, E) Agree, F) Strongly agree
- For each of the following statements, please indicate how well they describe your current semester. I had difficulty remembering things because I was sleepy or tired.
A) Strongly disagree B) Disagree C) Mildly disagree D) Mildly agree E) Agree
- On an average school day and school night, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, an iPod, iPad or tablet, smartphone, Snapchat, Instagram YouTube, or other social networking tools, and the internet.)
 1. I do not play video or computer games or use a computer for something that is not school work
 2. Less than 1 hour per day
 3. 1 hour per day
 4. 2 hours per day
 5. 3 hours per day
 6. 4 hours per day
 7. 5 or more hours per day

Sexual Behavior Questions

- In the past 6 months, have you talked with your parents or other adults in your family about... What your parents/guardian think about teenagers having sex? Yes or No
- In the past 6 months, have you talked with your parents or other adults in your family about... Your questions about sex? Yes or No
- In the past 6 months, have you talked with your parents or other adults in your family about... Reasons why a person might choose to have sex or choose not to have sex at your age? Yes or No
- In the past 6 months, have you talked with your parents or other adults in your family about... How your life would change if you became a parent while you're a teen? Yes or No
- In the past 6 months, have you talked with your parents or other adults in your family about... Birth control? Yes or No



- In the past 6 months, have you talked with your parents or other adults in your family about...
AIDS?HIV and other sexually transmitted infections? Yes or No
- Have you ever had sex? Yes or No
- How old were you when you had sex for the first time?
A)I have never had sex, B)11 years old or younger, C) 12 years old, D) 13 years old, E) 14 years old,
F) 15 years old, G) 16 years old, H)17 years old or older
- Have you ever been forced to have sex when you did not want to? No or Yes
- If yes, did you report it to the police or the school? Yes or No

